Dear ART en	thusiast,			
We are pleased that you would like to be an ART Trainer to help spread the word about ART.				
Please fill ou	t the form belo	OW.		
Name:				
Address:				
Email:				
Cell:				
Length of time doing ART:				
Average number of ART sessions per month:				
Do you use to How often?	appers/buzzer Rarely	s? Occasionally	Frequently	Always
Do you teach other psychotherapy modalities? If yes, please describe.				